

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09/712 966

APPLICANT(S)

FILING DATE

11-21-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
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49						
50						
TOTAL IND.						
TOTAL DEP.	6					
TOTAL CLAIMS	8	1	1	1	1	1

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55		1				
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL	1	1	1	1	1	1

Best Available Copy